

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

FOR THE MONTH OF January 2011

Date: January 31, 2011

CONTRACTOR: Hi-Tec Roofing, Inc.

ADDRESS: 5 Sand Island Access Road #157

City, State ZIP: Honolulu, HI. 96819

PROJECT TITLE: Lanakila Health Center Reroof

Contract No. 59423

DAGS Job No. 12-20-2601

CONTRACT

Basic Contract Amount \$ 252,520.00

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 252,520.00

FOR INSPECTION BRANCH USE

☒ SUBMITTAL REGISTER ☒ COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

☒ PROJECT SCHEDULE - INITIAL & ONGOING

☒ DAILY REPORTS

☒ PAYROLL AFFIDAVITS

MONTHLY ESTIMATE CHECKLIST

☒ CONTRACT NUMBER

☒ PROJECT NAME & LOCATION

☒ ALL SIGNATURES

WORK ACCOMPLISHED

Basic Contract

Completed to Date 96.99% \$ 244,922.19

Change Order

Total

#DIV/0! \$ - \$ 244,922.19

Retained **REDUCED []** \$ 12,773.00

Amount Subject to Payment \$ 232,149.19

Payments to Date \$ 64,684.19

Payments Now Due \$ 167,465.00

\$ - \$ 12,773.00

\$ - \$ 232,149.19

\$ - \$ 64,684.19

\$ - \$ 167,465.00

Payment No. 2

Remarks:

1. Computed and Checked by:

2-7-2011

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request.

3. Recommended: Project Inspector or Engineer

Date:

Hi-Tec Roofing, Inc.

Name of Contractor

4. Recommended: Area Engineer/Architect

Date:

5. Approved: Branch Chief or District Engineer

Date:

By signature / Title

Date

The Public Works Administrator certifies that change orders have been issued and the work performed.

Alan Meier, President

State Public Works Administrator

Date:

FEB - 7 2011

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: January 2011

CONTRACTOR: Hi-Tec Roofing, Inc.
PROJECT TITLE: Lanakila Health Center Reroof

Contract No.: 59423
DAGS Job No.: 12-20-2601

CLOSED								
	<u>PRIME CONTRACTOR</u>	<u>TRADE</u>	<u>LICENSE NO.</u>	<u>BASIC CONTRACT AMOUNT</u>	<u>COMPL. TO DATE</u>	<u>% Cmpl</u>	<u>RETN %</u>	<u>CONTRACT AMOUNT RETAINED</u>
	Hi-Tec Roofing, Inc.	General Contractor	BC-17593	\$252,520	\$244,922	96.99%	5%	\$12,246

	SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% Cmpl	RETN %	SUB- CONTRACT AMOUNT RETAINED
	LA Painting	Painting	C-22044	\$6,550	\$3,275	50.00%	10%	\$327
	Unitek Insulation	Abatement	C-11851	\$2,000	\$2,000	100.00%	10%	\$200
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
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						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
	Total Retained from Subs							\$527

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$12,773
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I certify that the above retentions are correct for this request.

Hi-Tec Roofing, Inc.

Name of Contractor

By Signature

Alan Meyer president

Date _____

Checked/Verified by:

12

Initial - Project Inspector or Engineer

NOTE:

NOTE:
Columnar totals shall be equal in dollar value to that on
the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 2

PROJECT TITLE: LANAKILA HEALTH CENTER - REROOF

BILLING MONTH: January-11

DAGS JOB NO.: 1 2-20-2601

CONTRACT NO.: 59423

CONTRACTOR: HI TEC ROOFING INC

VENDOR CODE: 31625700

Original Contract Payment		Suffix: 1			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B08-408M		\$176,824.00	\$9,359.00	\$167,465.00
Totals:			\$176,824.00	\$9,359.00	\$167,465.00

Change Order Payment		Suffix: 2			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B08-408M		\$0.00	\$0.00	\$0.00
Totals:					
Grand Total:			\$176,824.00	\$9,359.00	\$167,465.00

Lloyd Ogata 2/9/2011
Verified By DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 31625700

Cost Code 3A1

Voucher No. 02117N48

Verified By *pr* 2/17/11